

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **VOTEVETS.ORG ACTION FUND**(b) Address (number and street) ☐ check if different than previously reported
2201 WISCONSIN AVE NW
#320(c) City, State and ZIP Code
WASHINGTON DC 20007

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001275**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y
10 / 21 / 2014

through

M M M / D D D / Y Y Y Y Y
10 / 27 / 2014**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y
10 / 21 / 2014(b) Communication Title Always**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Peter Mellman

(b) Address (number and street)

2201 Wisconsin Ave NW #320

(c) City, State and ZIP Code

Washington

DC 20007

(d) Name of Employer or Principal Place of Business

VOTEVETS ACTION FUND

(e) Occupation

CFO

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

567412.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Peter Mellman

SIGNATURE Peter Mellman

[Electronically Filed]

DATE

10/22/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control**A.** (a) Name Transaction ID : F91.000001

Jonathan Soltz

(b) Address (number and street) 4380 King Street

(c) City, State and ZIP Code

Alexandria

VA 22302

(d) Name of Employer or Principal Place of Business

VOTEVETS ACTION FUND

(e) Occupation

CHAIR

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Putnam Partners, LLC <hr/> Mailing Address of Payee 1100 Vermont Ave NW <hr/> City State Zip Code Washington DC 20005 <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Production ("Always")				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y 10 / 06 / 2014 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24417.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y 10 / 21 / 2014 </div>	
Transaction ID : F93.000001 <hr/> Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>IA</u> Bruce Braley <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President Disbursement/Obligation For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Transaction ID : F94.000002 Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
B. Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies <hr/> Mailing Address of Payee 3050 K Street NW <hr/> City State Zip Code Washington DC 20007 <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Media Buy ("Always")				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y 10 / 17 / 2014 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 542995.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y 10 / 21 / 2014 </div>	
Transaction ID : F93.000002 <hr/> Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>IA</u> Bruce Braley <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President Disbursement/Obligation For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Transaction ID : F94.000004 Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 567412.00 </div>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 567412.00 </div>	